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Signature	<u>Kimberly W Zuehlke</u>	Date	<u>April 1, 1999</u>

RECEIVED TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> Group 3700	Attorney Docket	OLIG-0010CON	
	First Named Inventor	Amy Arrow et al. APR 07 1999	
	Application Number	09/211,794	
	Filing Date	December 15, 1998	
	Title	Three ... Oligonucleotides	
	Group Art Unit	1635	
Total Number of Pages in This Submission	6	Examiner Name	To Be Assigned

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Request for Refund <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input checked="" type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i> <u>Revocation of Power of Attorney; Power of Attorney; Certificate Under 37 CFR 3.73(b) with copy of executed assignment attached; return receipt postcard</u>

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
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Signature	<u>Dianna L. DeVore</u>		
Date	<u>4/1/99</u>		